



Affordable Rental Unit APPLICATION QUALIFYING GUIDELINES "Step by Step Application Process"

PLEASE READ BEFORE COMPLETING THIS APPLICATION

STEP 1: MINIMUM ELIGIBILITY CRITERIA:

- Applicant's household size must be appropriate for the unit advertised.
- Households must meet the HUD income requirements below:

<u>Qualifying for the one-bedroom</u>		
<i>Household Size</i>	<i>Minimum Income</i>	<i>Maximum Income</i>
1 person	\$29,450	\$46,300
2 persons	\$33,650	\$52,950
<u>Qualifying for the two-bedroom(s)</u>		
<i>Household Size</i>	<i>Minimum Income</i>	<i>Maximum Income</i>
2 persons	\$33,650	\$52,950
3 persons	\$37,850	\$59,550
4 persons	\$42,050	\$66,150
<u>Qualifying for the three-bedroom</u>		
<i>Household Size</i>	<i>Minimum Income</i>	<i>Maximum Income</i>
3 person	\$37,850	\$59,550
4 persons	\$42,050	\$66,150
5 persons	\$45,400	\$71,450
6 persons	\$48,800	\$76,750

Step 2: Required Income & Household Documentation:

A. Employment Income:

All employed household members must provide one of the following income verification:

- four (4) most recent pay stubs for weekly payrolls,
- two (2) pay stubs for bi-weekly payrolls or
- verification from your employer through the payroll department on company stationary verifying your annual gross salary.

B. Self-Employed:

If you are a self-employed household, you must provide the following information to be considered:

- Self-employed applicants must provide the Community Development Department with a copy of their most recent Federal Income tax forms and all related tax documents, such as, Profit and

Loss Statement (Schedule C) and all related tax documents to verify income information. The City of Cambridge reserves the right to request additional income verification.

C. Income from other sources:

Complete this section on the housing application if applicable to your household.

D. Federal Tax Return Documentation:

All household members must submit a copy of the most recent **federal tax return, including all W-2's and 1040s, 1099s and all associated forms** for each household member over the age of 18. If a household member is not listed on the federal tax return and has not submitted an individual tax return, provide an explanation and appropriate documentation.

E. Savings & Checking accounts:

Submit current statements for all bank accounts for all members of the household. Including all Retirement Accounts, 401K and Money Market.

F. No Income Documentation:

If you have any household member over 18 years of age who has no source of income (No employment or financial benefits) contact the Community Development Department for a "Statement of No Income" form and explanation of circumstances (additional documentation may be requested).

G. Full-Time Students:

If you have any household member over 18 years of age and is a full-time student, you must provide documentation from the school describing enrollment status.

For adult household members without income or dependents not listed on your taxes, Community Development Department will provide a form that **must** be completed, signed, and returned with your application. Please contact Antonia Ray at 617-349-4643 and leave your name, address and that you are requesting the "Statement of No Income " Form. It will be mailed to you.

H. Social Security Card: Social Security Card must be provided for all household members.

I. Birth Certificate: Certificate must be provided for all household members under 18 years of age.

IF THERE ARE ANY UNUSUAL CIRCUMSTANCES IN YOUR HOUSEHOLD, PLEASE DOCUMENT THEM IN WRITING AND SUBMIT WITH YOUR APPLICATION.

Examples include, but are not limited to:

- part-year employment,
- adult household members without income or who are full-time students,
- dependents not on your tax forms.

Households must complete and sign the attached application and return it along with COPIES of all of the following documentation. If you have any questions, please call us before the application deadline.

Step 3: If Applicable: Hearing Impaired & Wheelchair-accessible Units only

- Applicants that require a handicap accessible unit will be reviewed according to the process outlined in this packet and given priority for the accessible units.
- Households not selected for a handicap-accessible unit will be considered for a non-Handicap-accessible unit based on the priority point system.
- Please provide documentation of your disability from your doctor.

Step 4: Priority Point System:

All applications will be reviewed for eligible household size and income eligibility and then ranked in order by the following priorities:

First Priority

- A. Current Cambridge Resident/Displaced due to end of rent control
- B. Household with children under 18
- C. Household with at least one child under 6
- D. Household with emergency need as defined below

A. Cambridge Resident Definition:

If you are currently living in Cambridge, please provide evidence of residency from **two** of the following options (additional documentation may be requested):

- the City's voting records
- a rental lease signed and dated within the last year in your name
- a utility bill in the applicant's name: original gas, electric, verizon, cable. We will need to see the entire bill before payment and it must be dated within thirty days.
- a car registration or driver's license with your current address that is listed on application.
- a current school registration record with current address

Former Cambridge Resident:

Please contact Community Development Department to verify documentation needed for proof of prior Cambridge residency.

B. Households with children under 18

C. Households with children under 6

D. Emergency need: Households with one or the following Emergency Needs:

If you are claiming an emergency you **MUST** attach a copy of the evidence supporting your emergency situation):

- Applicant is currently facing a no-fault eviction (*Provide a copy of court order*).
- Applicant is living in a property that has been cited by the City for outstanding code violations (*Provide report from Inspectional Services Department*).
- Applicant is paying more than 50% of their monthly gross income on rent (*Submit documentation of current rent receipt and lease agreement*).
- Applicant is living in an overcrowded situation defined as having more than two individuals per bedroom (*Provide a lease or landlord documentation notarized*).

***Please note:** Second priority will be given to applicants who are not presently living in Cambridge but are employed in Cambridge. These applicants will follow the same priority point system as Cambridge residents and are required to provide documentation of one full year of full-time employment in the City of Cambridge at the time of application. Contact the Community Development Department for further information.

Step 5: Complete Application Submitted to the Community Development Department.

Upon receipt of the completed application and all associated documentation, The CDD staff will review and notify all applicants of their eligibility status by mail. The application review process will take a minimum of **4-6 weeks** from the application due date.

Step 6: Ranking:

All income and household eligible applicants will be ranked in accordance with the priority point system.

Step 7: Credit/Landlord Reference:

Applications with the highest priority points are forwarded to the management company for credit checks and landlord references.

Step 8: In the Event of a Lottery/Open House:

The applicants with the highest priority points which received eligible credit & landlord references will be entered into a lottery system designed to randomly select a first place applicant or applicants. In the event that an applicant chosen to rent a unit does not accept occupancy or drops out of the process, the next ranked household will be provided the opportunity to rent the unit. The selection process continues until the unit is filled.

Applicants that are eligible to rent the unit(s) based on the priority point system will be provided an opportunity to view the unit and will given 48 hours to decide if they want to rent the unit.

Step 9: Leasing unit from Management Company process:

When the applicant accepts the unit, the Community Development Department will determine the rental payment based on 30% of the applicant's gross annual income which includes the utility allowance.

The applicant will complete sign a lease. *Please read the lease terms: **Applicants are fully responsible for all terms and conditions in the lease.***

Occupancy Standards

(Based on federal Section 8 regulations)

To Determine Unit Size

1. To determine appropriate unit size for an applicant, the following criteria shall be used:
 - a. No more than two persons shall occupy the same bedroom.
 - b. Persons of the opposite sex (other than a couple) shall not be required to share a bedroom.
 - c. Two children of the same sex shall share a bedroom unless the difference in their ages is 10 years or more.
2. Families may choose to under-house themselves based on the following:
 - a. Children of opposite sexes may share a bedroom if the sum of their ages is 15 or less.
 - b. Children of the same sex may occupy the same bedroom regardless of age.

How to Determine Household Size

1. Eligible household size is based on all current, full-time and permanent household members at the time of application.
 - a. All household members must have had the same address as the applicant for at least 3 months from the time the application is submitted.
 - b. Only children that are born before the application deadline or are expected within two months of the application deadline (as documented by a medical professional) will be counted as household members.
 - c. Children of applicants, who are full-time students age 18 years and over and living in a college dormitory, will be considered part of the household if they are listed as dependents on their parent's tax return.
2. Applicants must be able to document, to the satisfaction of the City of Cambridge, that any recent additional members to their household are permanent, full-time members.
3. Those household members not listed on the most recent year's federal tax return as dependents of the applicant will be required to document that they have resided with the applicant for at least 3 months from the date of application.
 - a. **Household members not listed, as dependents will be required to sign a notarized affidavit stating their intention to remain as a permanent full-time member of the applicants' household for the foreseeable future.**

How to Determine Income Eligibility

Minimum Income Eligibility Chart for Housing Assistance

	<i>1 person</i>	<i>2 persons</i>	<i>3 persons</i>	<i>4 persons</i>	<i>5 persons</i>	<i>6 persons</i>
Income	\$29,450	\$33,650	\$37,850	\$42,050	\$45,400	\$48,800

Maximum Income Eligibility Chart for Housing Assistance

	<i>1 person</i>	<i>2 persons</i>	<i>3 persons</i>	<i>4 persons</i>	<i>5 persons</i>	<i>6 persons</i>
Income	\$46,300	\$52,950	\$59,550	\$66,150	\$71,450	\$76,750

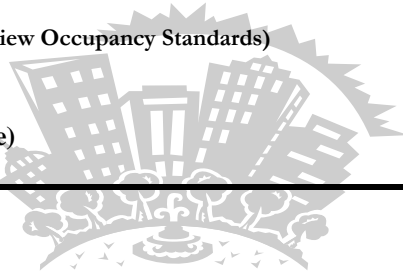
*The income chart is based on federal, state, and Cambridge income limits for housing programs.
These limits are determined by the US Dept. of Housing and Urban Development and are subject to change.*

City of Cambridge
Community Development Department, Housing Division
344 Broadway, Cambridge, MA 02139
Tel: 617-349-4622 TTY 617-349-4621

Inclusionary Rental Program

Check Appropriate Bedroom Size (View Occupancy Standards)

- ☐ (1) 1-bedroom (Holmes Bldg.)
☐ (1) 2-bedroom (Holmes Bldg.)
☐ (1) 2-bedroom (Cambridge Park Place)
☐ (1) 3-bedroom (1979 Mass Ave)



Applicant Name: _____

Date: _____

Head of Household

Co-Applicant Name: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Home Address: _____
Number & Street Apt.# City State Zip Code

Mailing Address: _____
Number & Street or PO Box City State Zip Code

Telephone #: _____ **No. of people in household:** _____
Day Evening

How long have you lived at current address? _____ **What is your present rent?** _____

How many bedrooms in your present unit? _____

Current Property Management Co. or Landlord: _____
Name Address Phone

Were you ever an owner or part owner of any real estate? _____ **If yes, when?** _____

Have you or any members of your household ever filed bankruptcy? _____ **If yes, when?** _____

Residences: List your address(es) for the last three years:

Address	Landlord	Telephone	From	To

Contact person in case of an emergency: _____ **Phone #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

HOUSEHOLD MEMBERS

Beginning with Head of household, list the legal names, Social Security numbers, birth dates, and relationship to head of household of each person who will reside in the unit:

Name	SS #	DOB	Relationship to Applicant
			Head of Household

Does your household have an emergency need for housing because:

- ☐ you are currently facing a no-fault eviction (**documented by court order**).
- ☐ you are living in a property that has been cited by the City's Inspectional Services Department for outstanding code violations (**provide documentation from ISD**).
- ☐ you are paying more than 50% of your monthly gross income for rent (**provide rent receipt or lease agreement**).
- ☐ you are living in an overcrowded situation defined as having more than two individuals per bedroom (**provide lease or landlord documentation including unit size**)
- ☐ you are Homeless (**letter from Shelter**)

****Those claiming an emergency must attach copies of any documents showing your emergency situation.****

EMPLOYMENT INFORMATION FOR ALL HOUSEHOLD MEMBERS

List the current Sources of all household income: This includes but not limited to, full and/or part-time employment.

Household Member	Employer/Address/Telephone #	Length of employment	Hrs/Wk	Gross yearly income

You MUST provide documentation for all Household income you have declared. Copies only.

DOCUMENTATION REQUIRED:

1. EMPLOYMENT INCOME VERIFICATION:

All full-time and part-time employed household members must provide income documentation from all employers:

- four (4) most recent paystubs for weekly payrolls,
- two (2) paystubs for bi-weekly payrolls or verification from your employer through the payroll department on company stationery verifying your annual gross salary.
- any other income received since the beginning of the current year. (FOR EXAMPLE: BONUS, INHERITANCE ETC.)

2. SELF-EMPLOYED INDIVIDUAL:

If you are a self-employed household, you must provide the following information to be considered:

- Self-employed applicants must provide us with last year's Federal Income tax forms and all related tax documents. Such as, Profit and Loss Statement (Schedule C) and all related tax documents to verify income information.

The Community Development Department reserves the right to request additional information.

3. INCOME SOURCES OTHER THAN EMPLOYMENT:

a) RETIREMENT INCOME OR DISABILITY AWARD:

Name of Recipient: _____

Name of Company: _____ Amount of Monthly Income: \$ _____

Required Documentation: A letter from the source of retirement or disability income stating your benefits and how long you have been receiving them or a copy of your most recent check.

b) SOCIAL SECURITY INCOME:

Name of Recipient: _____

Gross Monthly Amount: \$ _____

Required Documentation: A letter from Social Security stating your benefits or a copy of your most recent check or a bank statement.

c) VETERAN'S ASSISTANCE:

Name of Recipient: _____

Gross Monthly Amount: \$ _____

Required Documentation: A letter from Veteran's Administration stating your benefits or a copy of your most recent check or a bank statement.

d) PUBLIC ASSISTANCE:

Name of Recipient: _____

Gross Monthly Amount: \$ _____

Required Documentation: A letter from the Public Assistance Office stating your benefits and how long you have been receiving them.

e) UNEMPLOYMENT:

Name of Recipient: _____

Weekly Amount: \$ _____ When did benefits start?: _____ When do they expire?: _____

Required Documentation: Your most recent unemployment check stubs or a letter from unemployment stating amount of benefits and the date benefits began.

f) INTEREST/DIVIDEND: (*In excess of \$100.00*)

Name of Recipient: _____

Source of Interest: _____ Annual Interest: \$ _____

Required Documentation: A letter from the source of the income stating the amount of interest earned in the last twelve months.

g) CHILD SUPPORT/ALIMONY:

Amount Received: \$ _____ Payment(s): Monthly: _____ Weekly: _____ Bi-weekly: _____

Required Documentation: A copy of most recent check(s) for one month's alimony/child support or a copy of the court order or a letter from your lawyer stating the amount received, frequency you receive payment, and the date you started receiving that amount.

4. FEDERAL TAX RETURN DOCUMENTATION:

All household members must submit a copy of the most recent **federal tax return, including all W-2's and 1040s, 1099s and all associated forms** for each household member over the age of 18. If a household member is not listed on the federal tax return and has not submitted an individual tax return, provide an explanation and appropriate documentation.

5. FULL TIME STUDENTS:

If you have any household member over 18 years of age and is a full-time student, you must provide documentation from the school describing enrollment status.

6. NO INCOME DOCUMENTATION:

If you have any household member over 18 years of age who has no source of income (No employment or financial benefits) contact CDD for a "Statement of no Income" form and explanation of circumstances and your last Federal Tax Forms (additional documentation may be requested).

7. Social Security card for all household members.

8. Birth Certificate for all household members under 18.

9. VEHICLE INFORMATION:

Your vehicle Make/Model _____ Year _____ Color _____
License Plate No. _____ State _____

Second vehicle Make/Model _____ Year _____ Color _____
License Plate No. _____ State _____

10. ASSETS:

List all Savings Accounts of Applicants: *(includes financial institutions, 401K, Money Market)*

Attach three months worth of your most recent financial statements for all account.

Institution: _____ Current Balance: \$ _____

Institution: _____ Current Balance: \$ _____

List all Checking Accounts of Applicants:

Institution: _____ Current Balance: \$ _____

Institution: _____ Current Balance: \$ _____

11. Debtors:

List all loans with outstanding balances including car loans, personal loans and student loans:

Name of Lender: _____ Balance Due: _____ Monthly Payment: _____

Name of Lender: _____ Balance Due: _____ Monthly Payment: _____

12. Credit Cards:

Card Name: _____ Balance: _____ Minimum Monthly Payment: _____

Card Name: _____ Balance: _____ Minimum Monthly Payment: _____

Card Name: _____ Balance: _____ Minimum Monthly Payment: _____

How did you hear about this Vacancy? ☐ Newspaper ☐ Web Site ☐ Flyer ☐ Direct Mailing

CERTIFICATIONS

I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

Penalty for False or Fraudulent Statement, U.S.C.

“Title 18, Section 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies.... Or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both.”

♦ All persons whose names will appear on the lease and are 18 years old or older must sign here:

Signature: _____ Date: _____

Signature: _____ Date: _____

I, _____ Authorize the City of Cambridge and the affiliated Private Management Staff to obtain information regarding my household's eligibility for housing or housing subsidy, income, present or former tenancies, and credit history, including court judgments and bankruptcies, from any parties having information, including any agency or housing authority managing any housing subsidy for which I am eligible. I authorize and release any parties from whom that information is requested to release it to the City of Cambridge and their employees.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please submit completed application to:

**City of Cambridge
Community Development Department, Housing Division
344 Broadway, 3rd floor
Cambridge, MA 02139**